

PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/853,345
Filing Date	05/10/2001
First Named Inventor	Robert E. Fontana
Examiner Name	McPherson, John A.
Art Unit	1756
Attorney Docket No.	ARC9-2001-0017US1

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 09-0441		Fee Code (\$)	
Deposit Account Name: IBM Almaden		Fee Description	
The Director is authorized to: (check all that apply)		Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
1001 770		2001 385	
1002 340		2002 170	
1003 530		2003 265	
1004 770		2004 385	
1005 160		2005 80	
Fee Description		Fee Paid	
Utility filing fee			
Design filing fee			
Plant filing fee			
Reissue filing fee			
Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims		Extra Claims	
Independent Claims		Fee from below	
Multiple Dependent		Fee Paid	
-20** =		X	
-3** =		X	
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
1202 18		2202 9	
1201 86		2201 43	
1203 290		2203 145	
1204 86		2204 43	
1205 18		2205 9	
Fee Description		Fee Paid	
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
** Reissue independent claims over original patent			
** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
*or number previously paid, if greater: For Reissues, see above			
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	
SUBTOTAL (3) (\$)		130	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Robert Lodenkamper	Registration No. (Attorney/Agent)	55,399
Signature	<i>Robert Lodenkamper</i>	Telephone	650-424-0100
		Date	7/21/04

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